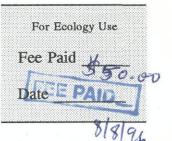




State of Washington FECOLOGY Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



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ame Thomas & Kare					
failing Address 5324 B					
ity Darrington	State_WA	Zip+4_9822	17	AA.(360_)_	436-1524
Section 2. CONTA  Same as above	ACT - PERS	ON TO CAI	LL ABOUT T	HE APPL	ICATION
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Section 3. STATE	MENT OF I	INTENT			
ne applicant requests a per cubic feet per second) for the place of th	rom a  surface	e water source of	r $\square$ ground wate	r source (chec	ck only one) for the
			it T-dit-	41	
Check if the water needed:	use is proposed			the period of	time that the water w
Check if the water needed: From	use is proposed	for a short-term			
Check if the water needed: From  Section 4. WATER	use is proposed  // to  R SOURCE	for a short-term	If GROUNDW	ATER	time that the water w
Check if the water needed: From  Section 4. WATEI  If SURFACE WATER  Name the water source ar ake, etc. If unnamed, w 'unnamed stream," etc.:	use is proposed  // to  R SOURCE  nd indicate if str	for a short-term		ATER	time that the water w
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Check if the water needed:	use is proposed  // to  R SOURCE  Ind indicate if strength "unnamed specific to the content of the conten	eam, spring, pring,"	If GROUNDW A permit is desi	YATER  red for	time that the water w
Check if the water needed: From  Section 4. WATER  If SURFACE WATER  Name the water source are lake, etc. If unnamed, we "unnamed stream," etc.:  Number of diversions:  Source flows into (name of the content	use is proposed  // to  R SOURCE  Ind indicate if strenite "unnamed symmetric "unna	eam, spring, pring, "  stances in feet south & 1	If GROUNDW A permit is desi Size & depth of 6 inch ap	well(s): proximate	well(s).  ely 50 -100'  or withdrawal to the er sec 32
Check if the water needed: From Section 4. WATEI  If SURFACE WATER  Name the water source are lake, etc. If unnamed, we "unnamed stream," etc.:  Number of diversions: Source flows into (name of the content of the con	use is proposed  // to  R SOURCE  Ind indicate if strenite "unnamed symmetric "unna	eam, spring, pring, "  stances in feet south & 1 outh 1500'8	If GROUNDW A permit is desi Size & depth of 6 inch ap from the point of 400 east of 1400 east	well(s): oproximate f diversion of NW corne of NW corne	well(s).  ely 50 -100'  or withdrawal to the er sec 32
Check if the water needed: From  Section 4. WATEI  If SURFACE WATER  Name the water source arake, etc. If unnamed, w'unnamed stream," etc.:  Number of diversions:  Source flows into (name of the content of	use is proposed  // to  R SOURCE  Ind indicate if strenite "unnamed symmetric "unna	eam, spring, pring, "  stances in feet south & 1 outh 1500'8	If GROUNDW A permit is desi Size & depth of 6 inch ap from the point of 400 east of 1400 east	well(s): oproximate f diversion of NW corne of NW corne	well(s).  well(s).  ely 50 -100'  or withdrawal to the er sec 32 rner sec32  ion of source is platted, com
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Check if the water needed: From  Section 4. WATER  Section 4. WATER  If SURFACE WATER  Name the water source ar ake, etc. If unnamed, w 'unnamed stream," etc.:  Number of diversions:  Source flows into (name of the content of the north-south are nearest section corner: 1/2  1/4 of 1/4 o	use is proposed  // to  R SOURCE  Ind indicate if strenite "unnamed system of body of water  and east-west divell#1 150 well # 2 so	ream, spring, pring, pring, "  stances in feet south & 1 outh 1500's ship Range(E/W	If GROUNDW A permit is desi Size & depth of 6 inch are from the point of 1400 east of 1400'east	well(s): oproximate  f diversion of NW corne of NW corne of NW corne	well(s).  well(s).  ely 50 -100'  or withdrawal to the er sec 32 rner sec 32 rner sec 32 ion of source is platted, combelow:

ECY 040-1-14 Rev. 12/94 F

**APPLICATION** 

Appl. No.: \_

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	Two 6" wellsawith 5 ich pumps of approximately 2 to 5 HP pumps connecting to 3" buried water lines installed in the pasture. Irrigation shall be by a moving spray system with automatic shut off and timer.
C.	Do you already have any water rights or claims associated with this property or system?   YES  NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 49
B.	List total number of acres for other specified agricultural uses:
	Use stock pasture Acres 12.5 Use residence & structures Acres 2 Use Acres
C.	Total number of acres to be covered by this application: 63
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 2000 acres?  Do you have a controlling interest in a Family Farm Development Permit?  If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type Buffalo (If dairy cattle, see below) Dairy - # Milking # Non-milking

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ₹XNO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From I5 drive east on HWY 530 to Darrington. From Darrington drive north 5 miles to Bryson Road. Turn east on Bryson Rd. continue 1/4 mile to white residence on east side of Bryson Rd. Look for buffalo in pasture and large old wooden barn.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

	ction 11. PROPERTY OWNERSHIP	- vv=0 - vv
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) are owner(s):	X₹ YES □ NO and address(es) of the
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	x <sub>₹</sub> XYES □ NO
order and the e	tify that the information above is true and accurate to the best of my knowledge. It to process my application, I grant staff from the Department of Ecology access monitoring purposes. Even though I may have been assisted in the preparation of employees of the Department of Ecology, all responsibility for the accuracy of the	to the site for inspection f the above application by
me.		
me.	Thomas M Kenno 8/2/96	

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

#3 Legal Description:
Parcel 1) NE 1/4 of NW 1/4 of sec32 T 33N,R 10E except
the north 726' of the east 330'.

Marie and Lane

Parcel 2) North 1/2 of government lot 4 of sec32, t 33N, R 10E.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)incomplete		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (da		application by
cology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).